

INDEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-375)

APPLICANT'S

FILING DATE

10/553320

13 JAN 2007

CORRECTED

CLAIMS

|              | AS FILED |      | AFTER<br>1 <sup>ST</sup> AMENDMENT |      | AFTER<br>2 <sup>ND</sup> AMENDMENT |      |
|--------------|----------|------|------------------------------------|------|------------------------------------|------|
|              | IND.     | DEP. | IND.                               | DEP. | IND.                               | DEP. |
| 1            | /        |      | /                                  |      |                                    |      |
| 2            | /        |      | /                                  |      |                                    |      |
| 3            | /        |      | /                                  |      |                                    |      |
| 4            | /        |      | /                                  |      |                                    |      |
| 5            | /        |      | /                                  |      |                                    |      |
| 6            | /        |      | /                                  |      |                                    |      |
| 7            | /        |      | /                                  |      |                                    |      |
| 8            | /        |      | /                                  |      |                                    |      |
| 9            | /        |      | /                                  |      |                                    |      |
| 10           | /        |      | /                                  |      |                                    |      |
| 11           | /        |      | /                                  |      |                                    |      |
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| 14           | /        |      | /                                  |      |                                    |      |
| 15           | /        |      | /                                  |      |                                    |      |
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| 17           |          |      |                                    |      |                                    |      |
| 18           |          |      |                                    |      |                                    |      |
| 19           |          |      |                                    |      |                                    |      |
| 20           |          |      |                                    |      |                                    |      |
| 21           |          |      |                                    |      |                                    |      |
| 22           |          |      |                                    |      |                                    |      |
| 23           |          |      |                                    |      |                                    |      |
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| 25           |          |      |                                    |      |                                    |      |
| 26           |          |      |                                    |      |                                    |      |
| 27           |          |      |                                    |      |                                    |      |
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| 29           |          |      |                                    |      |                                    |      |
| 30           |          |      |                                    |      |                                    |      |
| 31           |          |      |                                    |      |                                    |      |
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| 33           |          |      |                                    |      |                                    |      |
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| 41           |          |      |                                    |      |                                    |      |
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| 43           |          |      |                                    |      |                                    |      |
| 44           |          |      |                                    |      |                                    |      |
| 45           |          |      |                                    |      |                                    |      |
| 46           |          |      |                                    |      |                                    |      |
| 47           |          |      |                                    |      |                                    |      |
| 48           |          |      |                                    |      |                                    |      |
| 49           |          |      |                                    |      |                                    |      |
| 50           |          |      |                                    |      |                                    |      |
| TOTAL NO.    | 16       | ↓    | 4                                  | ↓    |                                    | ↓    |
| TOTAL DEP.   | 0        | ←    | 0                                  | ←    |                                    | ←    |
| TOTAL CLAIMS | 16       |      | 4                                  |      |                                    |      |

|              | AS FILED |      | AFTER<br>1 <sup>ST</sup> AMENDMENT |      | AFTER<br>2 <sup>ND</sup> AMENDMENT |      |
|--------------|----------|------|------------------------------------|------|------------------------------------|------|
|              | IND.     | DEP. | IND.                               | DEP. | IND.                               | DEP. |
| 51           |          |      |                                    |      |                                    |      |
| 52           |          |      |                                    |      |                                    |      |
| 53           |          |      |                                    |      |                                    |      |
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| 74           |          |      |                                    |      |                                    |      |
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| 80           |          |      |                                    |      |                                    |      |
| 81           |          |      |                                    |      |                                    |      |
| 82           |          |      |                                    |      |                                    |      |
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| 84           |          |      |                                    |      |                                    |      |
| 85           |          |      |                                    |      |                                    |      |
| 86           |          |      |                                    |      |                                    |      |
| 87           |          |      |                                    |      |                                    |      |
| 88           |          |      |                                    |      |                                    |      |
| 89           |          |      |                                    |      |                                    |      |
| 90           |          |      |                                    |      |                                    |      |
| 91           |          |      |                                    |      |                                    |      |
| 92           |          |      |                                    |      |                                    |      |
| 93           |          |      |                                    |      |                                    |      |
| 94           |          |      |                                    |      |                                    |      |
| 95           |          |      |                                    |      |                                    |      |
| 96           |          |      |                                    |      |                                    |      |
| 97           |          |      |                                    |      |                                    |      |
| 98           |          |      |                                    |      |                                    |      |
| 99           |          |      |                                    |      |                                    |      |
| 100          |          |      |                                    |      |                                    |      |
| TOTAL NO.    |          | ↓    |                                    | ↓    |                                    | ↓    |
| TOTAL DEP.   |          | ←    |                                    | ←    |                                    | ←    |
| TOTAL CLAIMS |          |      |                                    |      |                                    |      |